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ProductInformation

Monoclonal Anti Human Cd14 Clone UCHM-1

Purified Mouse Immunoglobulin

Product Number C 7673

Product Description

Monoclonal Anti-Human CD14 (mouse IgG2a isotype) is derived from the hybridoma produced by the fusion of mouse myeloma cell line NS-1 and splenocytes from Balb/c mice immunized with human thymocytes followed by peripheral blood T cells. The isotype is determined using Sigma ImmunoTypeTM Kit (Product Code ISO-1) and by a double diffusion immunoassay using Mouse Monoclonal Antibody Isotyping Reagents (Product Code ISO-2).

Monoclonal Anti-Human CD14 recognizes the CD14 monocyte surface glycoprotein, a phosphoinositol 55 kDa molecule. This antigen is expressed on most peripheral blood monocytes and on tissue macrophages, it is also in cell cytoplasm, and may be found free in urine and serum. The epitope recognized by this clone is sensitive to routine formalin fixation and paraffin embedding. Cryostat sections, post-fixed in formalin can be stained.

Monoclonal Anti-Human CD14 may be used for: enumeration of total monocytes in bone marrow, blood and other body fluids; complement mediated cytolysis of CD14 expressing cells; and depletion of accessory cells from T cell populations.

Reagents

Monoclonal Anti-Human CD14 is provided as purified antibody in 0.01 M phosphate buffered saline, pH 7.4, containing 1% bovine serum albumin and 15 mM sodium azide.

Precautions and Disclaimer

Due to the sodium azide content, a material safety data sheet (MSDS) for this product has been sent to the attention of the safety officer of your institution. Consult the MSDS for information regarding hazards and safe handling practices.

Storage/Stability

Store at 2 to 8 °C. If slight turbidity occurs upon prolonged storage, clarify the solution by centrifugation before use.

Procedure

Indirect Immunofluorescent Staining

Reagents and Materials Needed but Not Supplied

- a. Whole human blood collected by standard clinical blood evacuation tubes with EDTA, ACD-A, or heparin anticoagulant OR
 - Human cell suspension (e.g. peripheral blood mononuclear cells isolated on HISTOPAQUE[®] (Product Code 1077-1)).
- Diluent: 0.01 M phosphate buffered saline (PBS), pH 7.4, containing 1% BSA, and 0.1%NaN₃.
 Fluorochrome (FITC, PE, or Quantum Red TM)
- 3. Fluorochrome (FITC, PE, or Quantum Red [™]) conjugated anti-mouse secondary antibody diluted to recommended working dilution in diluent (FITC-Sheep Anti-Mouse IgG (whole molecule), F(ab?)₂ fragment of Affinity Isolated Antibody, Product No. F 2883). Aggregates in conjugates should be removed by centrifugation immediately prior to use.
- 4. Isotype-matched, non-specific mouse immunoglobulin (negative control, Product No. M 5409).

- 5. 12 x 75 mm test tubes.
- 6. Adjustable micropipette.
- 7. Centrifuge.8. Counting chamber.
- 9. 0.2% Trypan blue (Product No. T 0776) in 0.01 M phosphate buffered saline, pH 7.4.
- 10. 2% paraformaldehyde in PBS.
- 11. Whole blood lysing solution.
- 12. Flow cytometer.

Procedure

- 1. a. Use 100 μl of whole blood OR
 - b. Adjust cell suspension to 1 x 10⁷ cells/ml in diluent. Cells should be >90% viable as determined by dye exclusion (trypan blue). For each sample, add 100 μl or 1 x 10⁶ cells per
- 2. Add 5 µl of monoclonal antibody to tube(s) containing cells to be stained. Vortex tube gently. Incubate the cells at room temperature (18 to 22 °C) for 30 minutes.

Proper controls to be included for each sample are:

- a. Autofluorescence control: 5 µl diluent in place of monoclonal antibody.
- b. Negative staining control 1: 5 µl isotypematched non-specific mouse immunoglobulin (Product No. M 5409) at the same concentration as test antibody.
- 3. After 30 minutes, add 2 ml of diluent to all tubes.
- 4. Pellet cells by centrifugation at 500 x g, for 10 minutes.
- 5. Remove supernatant by careful aspiration.
- 6. Resuspend cells in 2 ml of diluent.
- 7. Repeat washing procedure (steps 4-6).
- 8. After the second wash, resuspend the cells in 100 µl of the fluorochrome conjugated secondary antibody at the recommended concentration. For the autofluorescence control, add 100 µl of diluent. Incubate at room temperature (18 to 22 °C) for 30 minutes. Protect from light at this and all subsequent steps.
- 9. a. If whole blood is used, use lysing solution after incubation according to manufacturer's instructions, then proceed to Step 8.
 - b. If a mononuclear cell suspension is used, proceed to Step 8.
- 10. Add 2 ml of diluent to all tubes.
- 11. Wash as in steps 4-6 twice.

12. After last wash, resuspend cells in 0.5 ml of 2% paraformaldehyde and analyze in a flow cytometer according to manufacturer's instructions.

It is advisable to run the appropriate negative controls. Negative controls establish background fluorescence and non-specific staining of the primary and secondary antibodies. The ideal negative control reagent is a mouse monoclonal or myeloma protein. It should be isotype-matched to the primary antibody, not specific for human cells and of the same concentration as the primary antibody. The degree of autofluorescence or negative control reagent fluores cence will vary with the type of cells under study and the sensitivi ty of the instrument used.

For fluorescence analysis of cells with Fc receptors, the use of isotype matched negative control is mandatory. In some systems it may be necessary to incubate the cells in 10-20% normal serum from the second antibody host species (at step 2 before adding monoclonal antibody) in order to decrease non-specific staining with the conjugated second antibody.

Product Profile

When assayed by flow cytometric analysis, 5 µl of the monoclonal antibody will stain 1 x 10⁶ cells with a fluores cence intensity and percent positive that is similar to that observed with saturating amounts of monoclonal antibody.

Note: In order to obtain best results in different preparations, it is recommended that each individual user determine their optimum working dilutions by titration assay.

References

Leucocyte Typing IV, Knapp, W., et al., eds., p.1078, (Oxford Press, New York, 1989). Hogg, N., et al., Immunology, 53, 753 (1984). Linch, D. C., et al., Blood, **63**, 566 (1984). Lwin, K. Y., et al., Int. J. Cancer, 36, 433 (1985). Griffin, J. D., et al., J. Clin. Invest., 68, 932 (1981). Todd, R. F., 3rd, et al., J. Immunol., **126**, 1435 (1981). Goyert, S. M., et al., J. Immunol., 137, 3909 (1986). Goyert, S. M., et al., Science, 239, 497 (1988).

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